

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		COMMITTEE TO ELECT JOHN T. LOOMIS, Sheriff					
Street Address		405706 JONES LANE					
City	ERIE	State	PA.	Zip Code	16505		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11-7	Year	2017	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/24/17	11-27-17	
A. Amount Brought Forward From Last Report	\$	4539.34	2017 DEC -7 11:11:07 ERIE COUNTY VOTER REGISTRATION KE
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	—	
C. Total Funds Available (Sum of Lines A and B)	\$	4539.34	
D. Total Expenditures (From Schedule III)	\$	250.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	4289.34	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	—	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	2,200.00	

Affidavit Section

Part I: If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

7th day of Dec 20 17
 Sonia Wilt
 Signature

 My Commission expires 4-3-19
 MO. DAY YR.

 Charles A. Klein
 Signature of Person Submitting Report

 Charles A. Klein
 Printed Name

 814 450 7664
 Area Code Daytime Telephone Number

Part II: If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

7th day of Dec 20 17
 Sonia Wilt
 Signature

 My Commission expires 4-3-19
 MO. DAY YR.

 John T. Loomis
 Signature of Candidate

 John T. Loomis
 Printed Name

Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	CTE JOHN T. LOOMIS, SHERIFF			
1. Unitemized Contributions and Receipts - \$50.00 or Less per Contributor				
Total for the reporting period		(1)	\$	None
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)				
Contributions Received from Political Committees (Part A)		\$		
All Other Contributions (Part B)		\$		
Total for the reporting period		(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)				
Contributions Received from Political Committees (Part C)		\$		
All Other Contributions (Part D)		\$		
Total for the reporting period		(3)	\$	
4. Other Receipts - Refunds, Interest Earned, Returned Checks, ETC. (From Part E)				
Total for the reporting period		(4)	\$	✓
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$		

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number										CTE JOHN T. LOOMIS, SHERIFF.										Amount					
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$		None			
House #										Street Address										Date [MM/DD/YYYY]			\$		
City										State										Zip Code			Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$					
House #										Street Address										Date [MM/DD/YYYY]			\$		
City										State										Zip Code			Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$					
House #										Street Address										Date [MM/DD/YYYY]			\$		
City										State										Zip Code			Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$					
House #										Street Address										Date [MM/DD/YYYY]			\$		
City										State										Zip Code			Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$					
House #										Street Address										Date [MM/DD/YYYY]			\$		
City										State										Zip Code			Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$					
House #										Street Address										Date [MM/DD/YYYY]			\$		
City										State										Zip Code			Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$					
House #										Street Address										Date [MM/DD/YYYY]			\$		
City										State										Zip Code			Date [MM/DD/YYYY]		\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:										CTE JOHN T. LOOMIS, SHERIFF									
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Full Name of Contributor						Date [MM/DD/YYYY]		\$	None
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	CTE JOHN T. LOOMIS SHERIFF.
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	None
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	CTE JOHN T. LOOMIS SHERIFF
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	None
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:

CTE JOHN T. LOOMIS, SHERIFF

Full Name								
House #		Street Address	NONE					
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description								
Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description								
Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description								
Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description								
Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description								
Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description								

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD

DETAILED SUMMARY PAGE

Filer Identification Number:	CJE John T. Loomis Sheriff.
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
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TOTAL for the reporting period	(1)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
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TOTAL for the reporting period	(2)	\$	None
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
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TOTAL for the reporting period	(3)	\$	
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TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$	
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SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	CTE JOHN T. LOUIS SHERIFF.
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	None
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:

CTE JOHN T. LOONIS SHERIFF

Full Name of Contributor					Date [MM/DD/YYYY]		\$	0
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State			Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State			Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State			Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State			Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	CTE JOHN T. LOOMIS, SHERIFF.
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To Whom Paid		CTE. JIM WINARSKI		Date [MM/DD/YYYY]	10/29/17	\$	50 ⁰⁰
House #	Street Address		Description of Expenditure				
			20 TICKETS TO EVENT				
City		State		Zip Code			
To Whom Paid		CTE TOM CARNEY		Date [MM/DD/YYYY]	10/28/17	\$	50 ⁰⁰
House #	Street Address		Description of Expenditure				
			TICKETS TO Campaign Event.				
City		State		Zip Code			
To Whom Paid		POLICE ATHLETIC LEAGUE		Date [MM/DD/YYYY]	11/16/17	\$	150 ⁰⁰
House #	Street Address		Description of Expenditure				
			DONATION.				
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address		Description of Expenditure				
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address		Description of Expenditure				
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address		Description of Expenditure				
City		State		Zip Code			
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address		Description of Expenditure				
City		State		Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	CTE JOHN T. LOOMIS, SHERIFF.
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Name of Creditor		JOHN T. LOOMIS, CANDIDATE				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		2,200 ⁰⁰	
1033	West 3 RD ST	1-1-13					
City	State	Zip Code					
ERIC		PA	1650				
Description of Debt							
INITIAL Campaign Start UP.							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City	State	Zip Code					
Description of Debt							